"PREMARIN"®

Highly effective • Well tolerated • Imparts a feeling of well-being

"PREMARIN"

Most menopausal patients experience striking relief of symptoms with "Premarin."

"PREMARIN"

Estrogenic Substances (water-soluble)

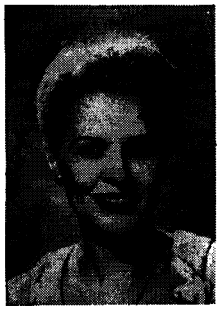
"PREMARIN"

also known as Conjugated Estrogens (equine)

"PREMARIN"

5202 AYERST, McKENNA & HARRISON Limited • New York, N. Y. • Montreal, Canada

"particularly useful... for the routine therapy of the menopause"[1]



ESTINYL®

ESTINYL® Tablets alleviate menopausal symptoms rapidly and smoothly in very small doses. A derivative of estradiol, ESTINYL (ethinyl estradiol) produces the sense of well-being characteristic of therapy with natural estrogens.

Tablets of 0.02, 0.05, and 0.5 mg.

1. Perloff, W. M.: Am. J. Obst. & Gynec. *58*:684, 1949.

Schering CORPORATION
BLOOMFIELD, N. J.

ESTINYL

The Bulletin of The New York Academy of Medicine, Vol. 28, No. 6, Published Monthly by the New York Academy of Medicine, 2 East 103 Street, New York 29, N. Y. Entered as second-class matter February 3, 1928, at the Post Office at New York, N. Y., under the Act of August 24, 1912. Subscription, Domestic and Foreign copies, $5.00. Single copies, 50c.

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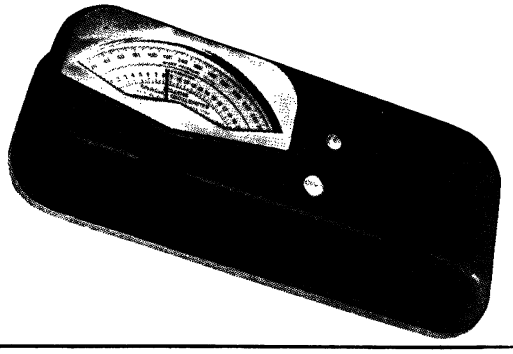

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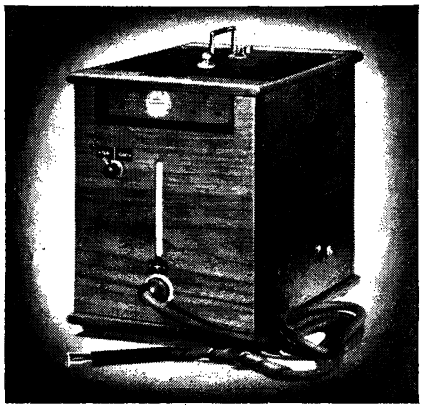
is a blood pressure apparatus and an oscillometer in one instrument — the most important diagnostic aid in Peripheral Vascular Diseases **$42.00**



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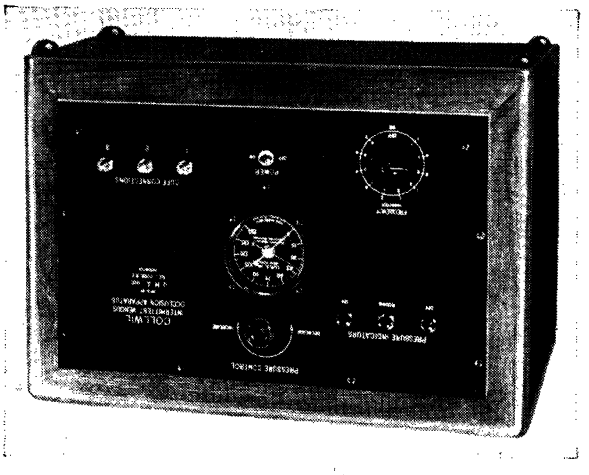

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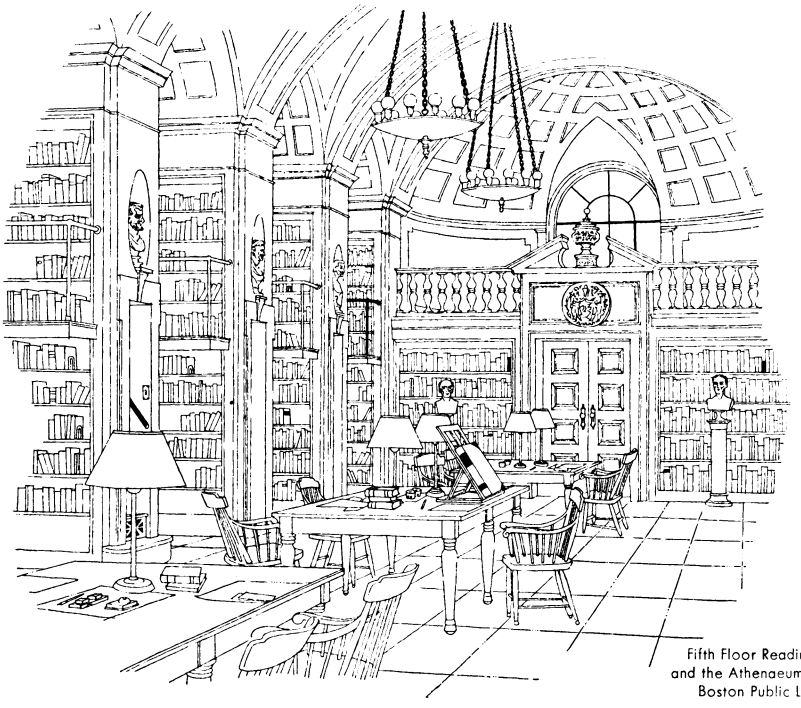

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From among all antibiotics,
Obstetricians and Gynecologists often choose

AUREOMYCIN

Hydrochloride Crystalline

Because

Aureomycin diffuses so rapidly that it becomes available immediately to all the tissues in and about the pelvis.

Aureomycin readily passes into the blood stream, and through the placenta into the fetal circulation.

Aureomycin may be given by the oral, or in an emergency by the intravenous, route.

Aureomycin has been reported clinically effective when used systemically against susceptible organisms in many gynecologic and obstetrical infections, including:
Parenteral and Post-partum Infectious Complications • Mastitis • Thrombophlebitis • Pyelitis of Pregnancy • Staphylococcal Infection in the Newborn

Throughout the world, as in the United States, aureomycin is recognized as a broad-spectrum antibiotic of established effectiveness.

Capsules: 50 mg.—Bottles of 25 and 100; 250 mg.—Bottles of 16 and 100.
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LEDERLE LABORATORIES DIVISION AMERICAN CYANAMID COMPANY 30 Rockefeller Plaza, New York 20, N.Y.

Introducing a new oral hypotensive for long-range therapy

Methium

TRADEMARK

CHLORIDE

(brand of hexamethonium chloride)

an autonomic ganglionic blocking agent the action of which has been described as "a medical sympathectomy"

By drug action alone, Methium blocks—almost as effectively as surgical excision—the nerve impulses that produce vasoconstriction through the autonomic nervous system.

The objective of therapy is to administer, in gradually increasing doses over a period of several days to several weeks, enough Methium to lower blood pressure to more normal levels—even, according to some investigators, to the point of mild postural hypotension. Methium is a potent drug. Care is required in adjusting dosage.

In successfully treated cases, the results justify the effort and observations required. When the patient is adequately informed and supervised, blood pressure may often be lowered to normotensive levels and symptoms of hypertension substantially reduced.

In Methium, hexamethonium is now made available in conveniently administered oral form as the chloride, free of the risks of bromide or iodide intoxication. Available on prescription only in 250 mg. scored tablets in bottles of 100 and 500.

Methium, being a potent hypotensive drug, demands great caution when complications exist. Prescribe only with extreme care in impaired renal function, coronary artery disease and existing or possible cerebral vascular accidents. Complete instructions for prescribing Methium are available on written request or from your Chilcott detail man and should be consulted before using the drug.

CHILCOTT

Laboratories, INC.

MORRIS PLAINS, NEW JERSEY

FORMERLY THE MALTINE COMPANY

Clinical Results* with Banthine® Bromide

(Brand of Methantheline Bromide)

22 Published Reports Covering Treatment of 1443 Peptic Ulcer Patients with Banthine

Comprising the reports published in the literature to date which give specific facts and figures of the results of treatment

AUTHORS	No. of Patients	Chronic, Resistant to Other Therapy	TYPES OF ULCERS				RELIEF OF SYMPTOMS (Chiefly Pain)				Surgery or Complications[1]	Side Effects Requiring Discontinuance of Drug[2]	EVIDENCE OF HEALING			
			Duodenal	Jejunal	Stomal	Gastric	Good	Fair	Poor	No Report			Complete	Moderate	None	No Report
Grimson, Lyons, Reeves	100	100	93	7			80	11	4		5		47		19	29
Friedman	15	15	14			1	5		4	6[3]			2			13
Bechgaard, Nielsen, Bang, Gruelund, Tobiassen	26	26	21			5	16	4	6				8	6	12	
McHardy, Browne, Edwards, Marek, Ward	162		162				136	12	11		3	1	14	9	7	129
Segal, Friedman, Watson	34	34	34[4]				14	13			7	2	5		8	14
Brown, Collins	117	99	117				97	7	8		5	8	55	9	8	40
Asher	77		65		7	5	52	9	16			16		9	21	47
Rodriguez de la Vega, Reyes Diaz	5	4	5				4		1					3	2	
Winkelstein	116	116	102	8		6	102		14				53		18	45
Hall, Hornisher, Weeks	18	18	18				11		1	6[5]			18			
Maier, Meili	38	38	24			14[6]	27	7	4[7]				10	2	5	21
Meyer, Jarman	25	18	25				21		4							25
Poth, Fromm	37	37	37				33	3	1				33	3	1	
Plummer, Burke, Williams	41	41	41				36		5				38		3	
McDonough, O'Neil	104	100	104				63	10	31			11	4		11	89
Broders	60	60	58		1	1	35	19	6				10	1	49[8]	
Legerton, Texter, Ruffin	11		11				11									11
Holoubek, Holoubek, Langford	76	69	76				35	27	10		4	10	26		10	36
Ogborn	42		39	2		1	42[9]									42
Shaiken	48	48	48				33	10	3		2		33	10	3	
Johnston	145	145	145				143		2			2	143		2	
Rossett, Knox, Stephenson	146		141			5	146					4[10]	53			93
TOTALS	*1443*	*968*	*1380*	*17*	*8*	*38*	*1142*	*132*	*131*	*12*	*26*	*54*	*552*	*52*	*179*	*634*
PERCENTAGES		67.8	95.6	1.2	0.6	2.6	81.3	9.4	9.3			3.7	70.5	6.6	22.9	

1. Not included in tabulations.
2. Included in "Relief of Symptoms" as "Poor" and in "Evidence of Healing" as "None."
3. Four had no symptoms when Banthine therapy was begun.
4. Of which seven were penetrative lesions and five partially obstructive.
5. No symptoms were present in four.
6. Two with symptoms only; no demonstrable ulcer.
7. Three were psychopathic patients and one had a ventricular ulcer of the lesser curvature.
8. Roentgen findings after treatment period of two weeks; forty-seven had duodenal deformity.
9. All returned to work within a week.
10. In these four, after relief of symptoms, Banthine was discontinued because of urinary retention.

During the past two years, more than 200 references to Banthine therapy in peptic ulcer and other parasympathotonic conditions have appeared in medical literature. Of these reports, 22 have presented specific facts and figures on the results of treatment in a total of 1,443 peptic ulcer patients, 67.8 per cent of whom were reported as chronic or resistant to other therapy. These results are tabulated above and show:

"Good" relief of symptoms was obtained in 81.3 per cent of the 1,405 patients on whom reports were available.

"Complete" evidence of healing was obtained in 70.5 per cent of the 883 patients on whom reports were available.

In all but 9.7 per cent, relief of pain was "good" or "fair." In all but 22.9 per cent, evidence of healing was "complete" or "moderate."

During treatment, 26 patients required surgery or developed complications other than ulcer which required discontinuance of the drug before results could be evaluated.

Of the remaining 1,417 patients, only 3.7 per cent experienced side effects sufficiently annoying to require discontinuance of the drug.

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

*Volume containing complete references with abstracts of 39 additional reports, will be furnished on request by

G. D. SEARLE & Co., P. O. Box 5110, Chicago 80, Illinois.

Ciba announces

the availability of a

new antihypertensive agent

Apresoline*

Trade Mark

(*brand of hydralazine*)
hydrochloride

* **Clinically investigated as C-5968 and also 1-Hydrazinophthalazine, hydrochloride**

Major Advance in the Medical Management

Clinical Significance

By virtue of its dual capacity to reduce blood pressure and yet increase blood flow through the kidney, Apresoline provides a new and improved approach to the medical management of hypertensive disorders. Its value is augmented by its tendency to cause significant relaxation of cerebral vascular tone in hypertensive patients, oral as well as parenteral effectiveness, and relatively low toxicity.

Indications

Apresoline has proved therapeutically useful in widely differing forms of hypertensive disease. The drug is of distinct value in essential and early malignant hypertension, its effectiveness often being more marked in the severe (although not terminal) phases of these disorders. It is also most effective in hypertension persisting or recurring after sympathectomy.

Preliminary studies indicate that worthwhile results also may be expected in toxemias of pregnancy and in acute glomerulonephritis. When renal damage is advanced, as in chronic renal hypertension and chronic glomerulonephritis, the value of the drug is considerably less, and it may be hazardous if not used with extreme caution and constant observation.

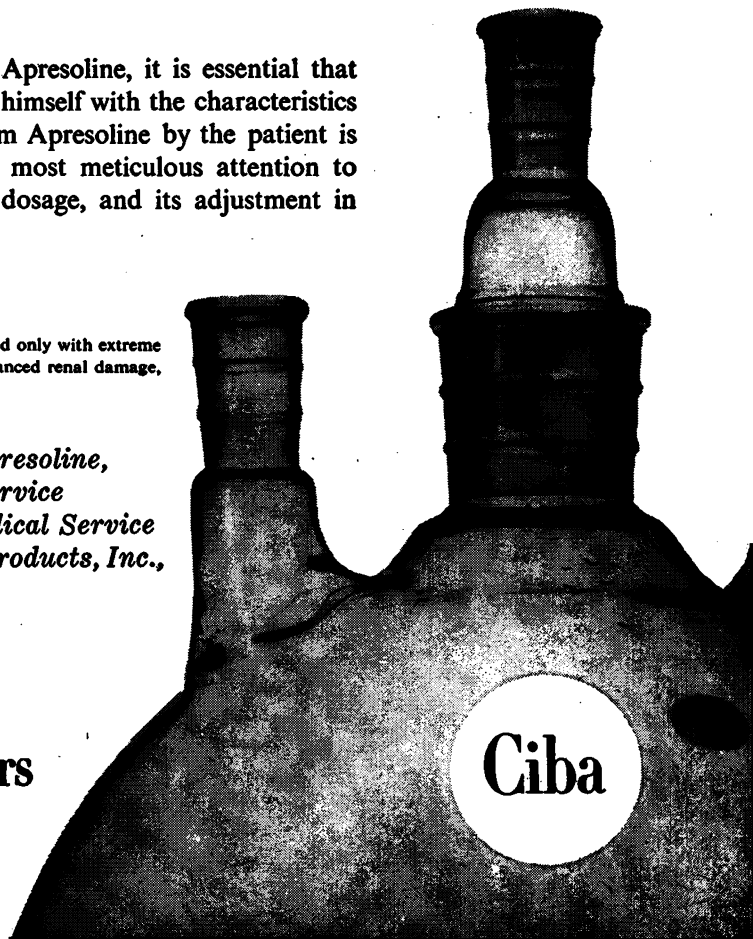
Administration

Before prescribing or administering Apresoline, it is essential that the physician thoroughly familiarize himself with the characteristics of the drug. The benefit derived from Apresoline by the patient is dependent in vital degree upon the most meticulous attention to individualization of administration, dosage, and its adjustment in accordance with response.

Caution

Apresoline, like any hypotensive agent, should be used only with extreme caution in patients with coronary artery disease, advanced renal damage, and existing or incipient cerebral vascular accidents.

For complete information on Apresoline, contact the Ciba Professional Service Representative or write the Medical Service Division, Ciba Pharmaceutical Products, Inc., Summit, New Jersey.

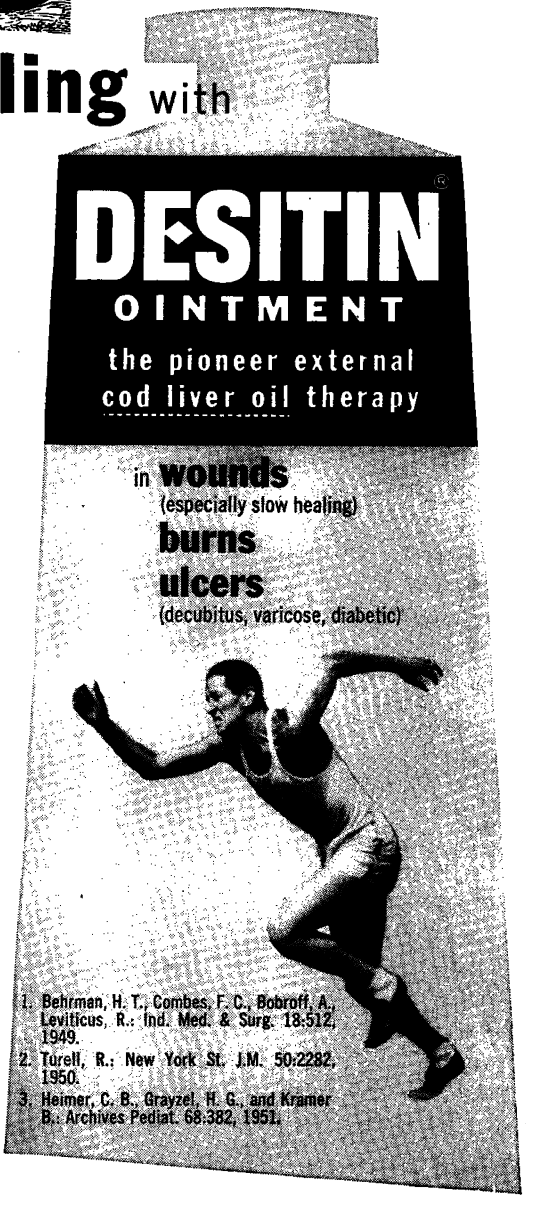


# of Hypertensive Disorders

2/1812M

when other external therapy seems to get **nowhere...**

accelerate healing with



Study[1], after study[2] after study[3] corroborates the "notable"[1] success of Desitin Ointment in easing pain and stimulating smooth tissue repair in lacerated, denuded, chafed, irritated, ulcerated tissues—often in stubborn conditions where other therapy fails.

Protective, soothing, healing, Desitin Ointment is a non-irritating, blend of high grade, crude Norwegian cod liver oil (with its unsaturated fatty acids and high potency vitamins A and D in proper ratio for maximum efficacy), zinc oxide, talcum, petrolatum, and lanolin. Does not liquefy at body temperature and is not decomposed or washed away by secretions, exudate, urine or excrements. Dressings easily applied and painlessly removed. Tubes of 1 oz., 2 oz., 4 oz., and 1 lb. jars.

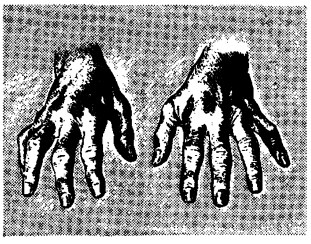
write for **samples** and literature

DESITIN CHEMICAL COMPANY
70 Ship Street, Providence 2, R. I.

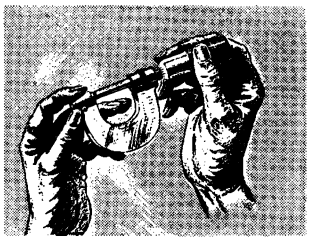
Cortone®

Can Put Your Arthritic Patients BACK TO WORK

INITIAL DOSAGE:
25 mg. four times daily. Consult literature for detailed dosage recommendations.



STEP-WISE REDUCTION:
After moderate relief is established, reduce daily dosage step-wise every three or four days, to smallest suitable maintenance level.



MAINTENANCE DOSAGE:
25 to 50 mg. daily has been found adequate in more than 50 per cent of a series of patients.

Conservative dosage in rheumatoid arthritis provides effective relief—and often may be continued for long periods

Individualized dosage, careful clinical observation, and simple, readily available laboratory procedures (sedimentation rates, urinalyses, blood counts, blood pressure, and frequent weight recordings) are adequate for the rehabilitation and management of most patients.

CORTONE *is the registered trade-mark of Merck & Co., Inc. for its brand of cortisone. This substance was first made available to the world by Merck research and production.*

Literature on request

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(CORTISONE Acetate Merck)

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The preferred antacid adsorbent

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5. The optimum combination of nonreactive aluminum hydroxide with magnesium trisilicate
6. Available in liquid and tablet form

GELUSIL* Liquid is available in bottles of 6 and 12 fluid ounces. GELUSIL* Tablets are available in boxes of 50 and 100, and bottles of 1000.

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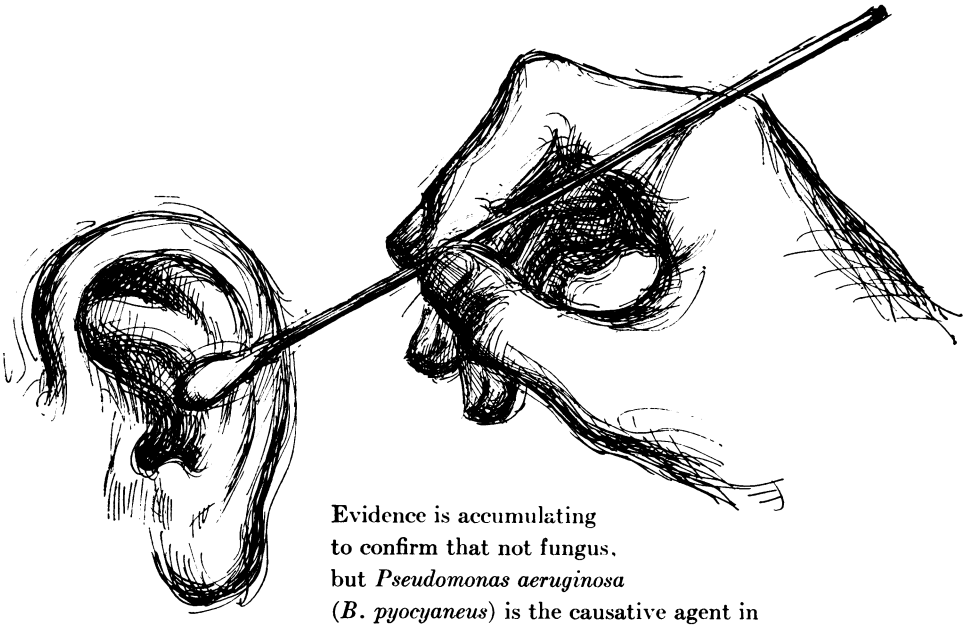
A new concept in otitis



Evidence is accumulating
to confirm that not fungus,
but *Pseudomonas aeruginosa*
(*B. pyocyaneus*) is the causative agent in
a high percentage of suppurative conditions of
the ear, and that many of the remainder
are due to other gram-negative bacteria.[1,2,3]

Consequently . . . 0.1% solutions of 'AEROSPORIN', applied
topically, are highly effective for clearing
the majority of external and middle ear infections,
because virtually all strains of *Ps. aeruginosa*
and most other gram-negative organisms are
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References:
1. Senturia, B. H.: Laryngoscope, *55*:277, 1945.
2. Gill, W. D., and Gill, E. K.: South. M. J., *47*:428, 1950.
3. Aycock, B. W.: J. Oklahoma M. A., *44*:265, 1951.

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Polymyxin B (Sulfate) STERILE

200,000 Units, equivalent to **20 mg.** Polymyxin Standard
FOR TOPICAL USE ONLY

Also available: 'POLYSPORIN'® brand Polymyxin B—Bacitracin Ointment
For use when gram-positive organisms are also present, or for when application of 'AEROSPORIN' in ointment form is preferred.

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reliable surface anesthetic..

unique in potency and duration

The widespread use of Nupercainal® in hospital practice can be attributed to its effectiveness as well as its duration of action which exceeds all other local anesthetics. In obstetrics, it is of value for the relief of hemorrhoids, fissured nipples, episiotomy—in proctology, for fissure in ano—in ophthalmology, for corneal pain. Nupercaine is nonirritating, nonnarcotic, lasting in its relief.

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brand of dibucaine ointment, contains 1% Nupercaine in a base of lanolin and petrolatum. Issued in one-ounce tubes with rectal applicator and one-pound jars for office use.

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a nongreasy form, contains 0.5% Nupercaine in a scented, water-washable base. Issued in collapsible tubes, each containing 1¼ ounces.

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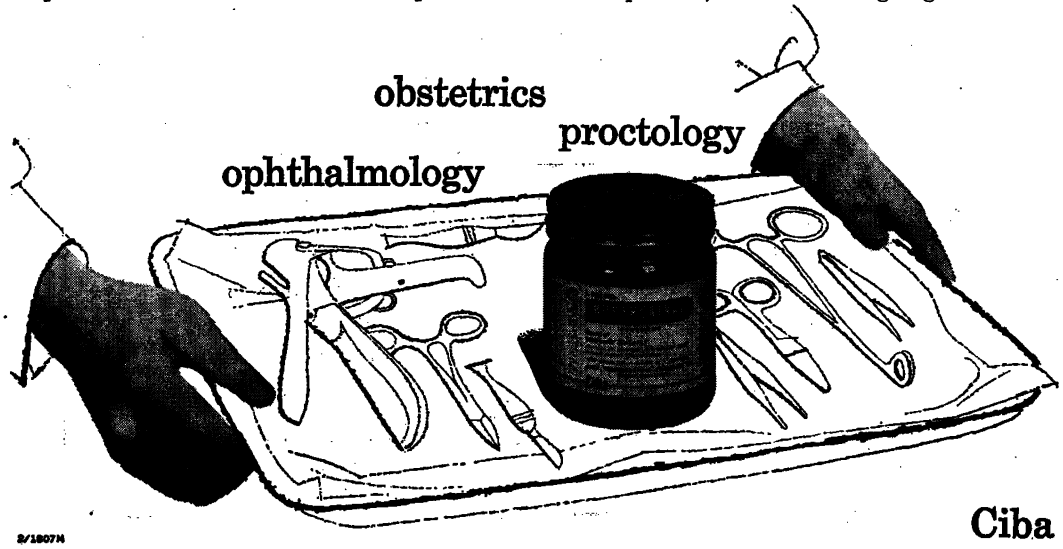
contains 0.5% Nupercaine thoroughly dispersed in white petrolatum. Issued in ophthalmic-tip tubes, each containing 4 grams.



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JUNE 5—THE GENERAL PRACTITIONER'S FUNCTION IN PSYCHIATRY—Iago Gladston, *The New York Academy of Medicine*—D. Ewen Cameron, *Professor of Psychiatry, McGill University Medical School; Psychiatrist-in-Chief, Royal Victoria Hospital; Director, Allan Memorial Institute of Psychiatry*—Leo Bartemeier, *President, American Psychiatric Association; Visiting Staff, Ford and Harper Hospitals, Detroit.*

JUNE 12—ENDOCRINE FACTORS IN HYPERTENSION—George A. Perera, *Associate Professor of Medicine, College of Physicians and Surgeons, Columbia University.*

JUNE 19—SYPHILIS AND PREGNANCY—Mortimer Speiser, *Associate Clinical Professor of Obstetrics and Gynecology, New York University College of Medicine.*

JUNE 26—RECENT ADVANCES IN THE SURGICAL MANAGEMENT OF PEPTIC ULCER—Ralph Colp, *Attending Surgeon, Mt. Sinai Hospital, Clinical Professor of Surgery, Columbia University.*

COMPENAMINE

l-Ephenamine Penicillin G

for day-in and day-out use

Whenever a repository type of penicillin is indicated, Compenamine merits routine use. Clinically, it proves as effective as procaine penicillin, producing essentially the same plasma penicillin levels, but these levels appear to be more prolonged. In addition, Compenamine shows a notably low rate of reactions. In clinical investigations to date it has been shown to lead to reactions in a negligible percentage of all patients treated.[1]

for fewer reactions

In a special study comprising only patients who had shown undesirable reactions to other forms of penicillin, the majority of patients tolerated Compenamine well, without such side reactions. In the remainder of these penicillin-sensitive patients in whom reactions to Compenamine did occur, these reactions were comparatively mild and of relatively short duration.[2]

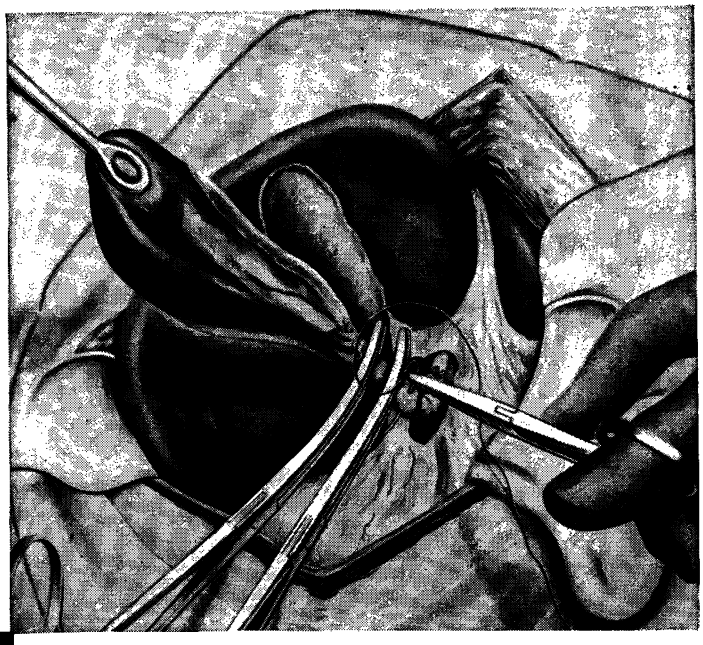
Compenamine is available in three dosage forms: Compenamine (dry powder for aqueous suspension), Compenamine Aqueous (ready for injection), and Compenamine in Oil, the latter two in vial and cartridge forms.

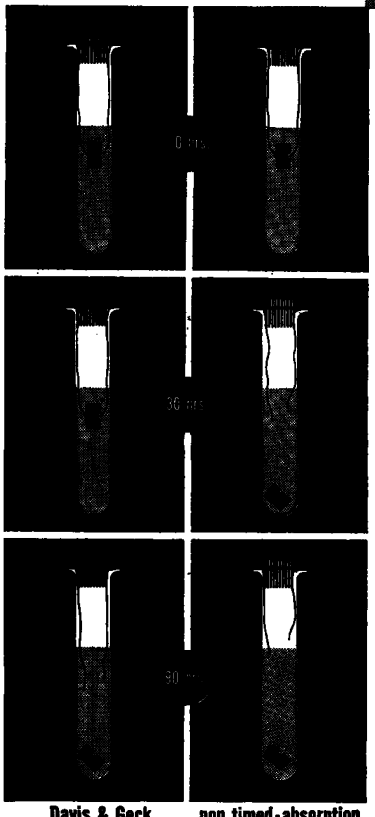
1. Longacre, A. B.: P-92 Penicillin; Report of a Very Low Reaction Rate in Therapy with a New Penicillin Salt, Antibiotics & Chemotherapy *1*:223 (July) 1951.
2. Kadison, E. R.; Ishihara, S. J., and Waters, T.: A New Form of Penicillin with Anti-Allergic Properties, Am. Pract. & Digest Treat. *2*:411 (May) 1951.

C.S.C. Pharmaceuticals

A DIVISION OF COMMERCIAL SOLVENTS CORPORATION, 17 E. 42nd St., New York 17, New York

For this critical ligation "timed-absorption" surgical gut sutures will not digest prematurely





Davis & Geck "timed-absorption" sutures

non timed-absorption chromic sutures

In ligating the cystic duct, the skill of the surgeon must be supported by a dependable ligature which will not digest prematurely. By an exclusive improved process, D & G "timed-absorption" surgical gut is accurately tanned in *graded degrees* from the outer surface inward to assure a logical digestion rate. Maximum resistance to digestion is assured during *the critical first 4 days* when there is least fibrosis. As fibrosis develops and the need for artificial support lessens, the rate of timed-absorption increases.

90 hours vs. 30 hours

Comparison of D & G "timed-absorption" medium chromic surgical gut suture, size O, with non timed-absorption medium chromic surgical gut suture, size O. Weights are suspended from each in trypsin solution. The weight is held suspended by "timed-absorption" surgical gut up to 90 hours. The non timed-absorption chromic surgical gut suture has begun to digest and breaks under the strain of the weight by 30 hours. *(In human tissue all chromic sutures are digested more slowly, but the ratio between the two types remains the same.)*

D & G surgical gut sutures have a special matte finish so that knots hold securely.

Davis & Geck, Inc.

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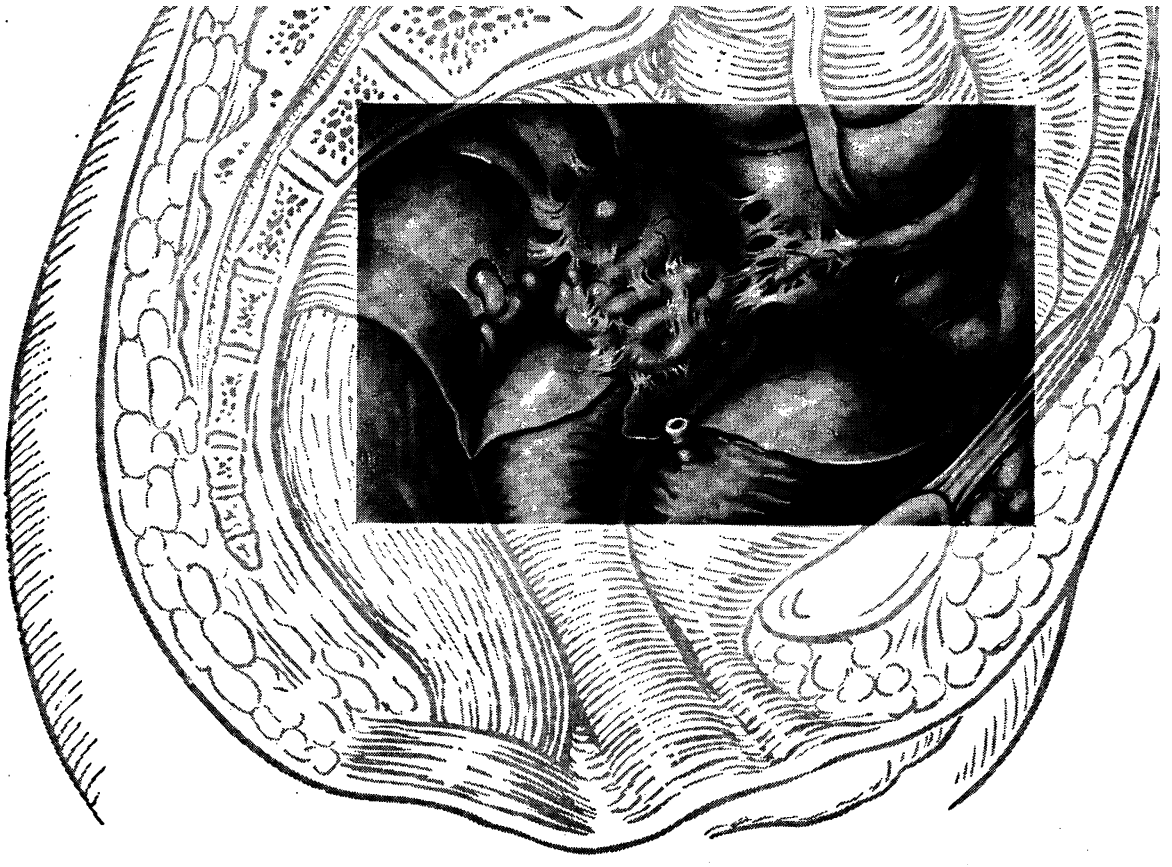
Surgeons Agree on D & G



in pelvic inflammatory disease.....

rapid response *with* Chloromycetin®

CHLOROMYCETIN produces prompt clinical response in the mixed infections commonly found in pelvic inflammatory disease. "In mixed infection [pelvic cellulitis and abscess] **CHLOROMYCETIN** appears to be superior to penicillin, streptomycin or sulfadiazine."[1]

"The clinical response to chloramphenicol consisted of marked symptomatic improvement, usually within 48 hours....

"Women who had large pelvic abscesses were treated so effectively with chloramphenicol that posterior colpotomy, with drainage of the abscess, was not necessary in effecting a rapid cure in any of our patients who were treated with this antibiotic from the start."[2]

CHLOROMYCETIN (chloramphenicol, Parke-Davis) is supplied in a variety of forms including:

CHLOROMYCETIN Kapseals®, 250 mg., bottles of 16 and 100.

CHLOROMYCETIN Capsules, 100 mg., bottles of 25 and 100.

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CHLOROMYCETIN Ophthalmic Ointment, 1%, ⅛-ounce collapsible tubes.

CHLOROMYCETIN Ophthalmic, 25 mg. dry powder for solution, individual vials with droppers.

1. Greene, G. G.: Kentucky M. J. *50*:8, 1952.
2. Stevenson, C. S., et al.: Am. J. Obst. & Gynec. *61*:498, 1951.

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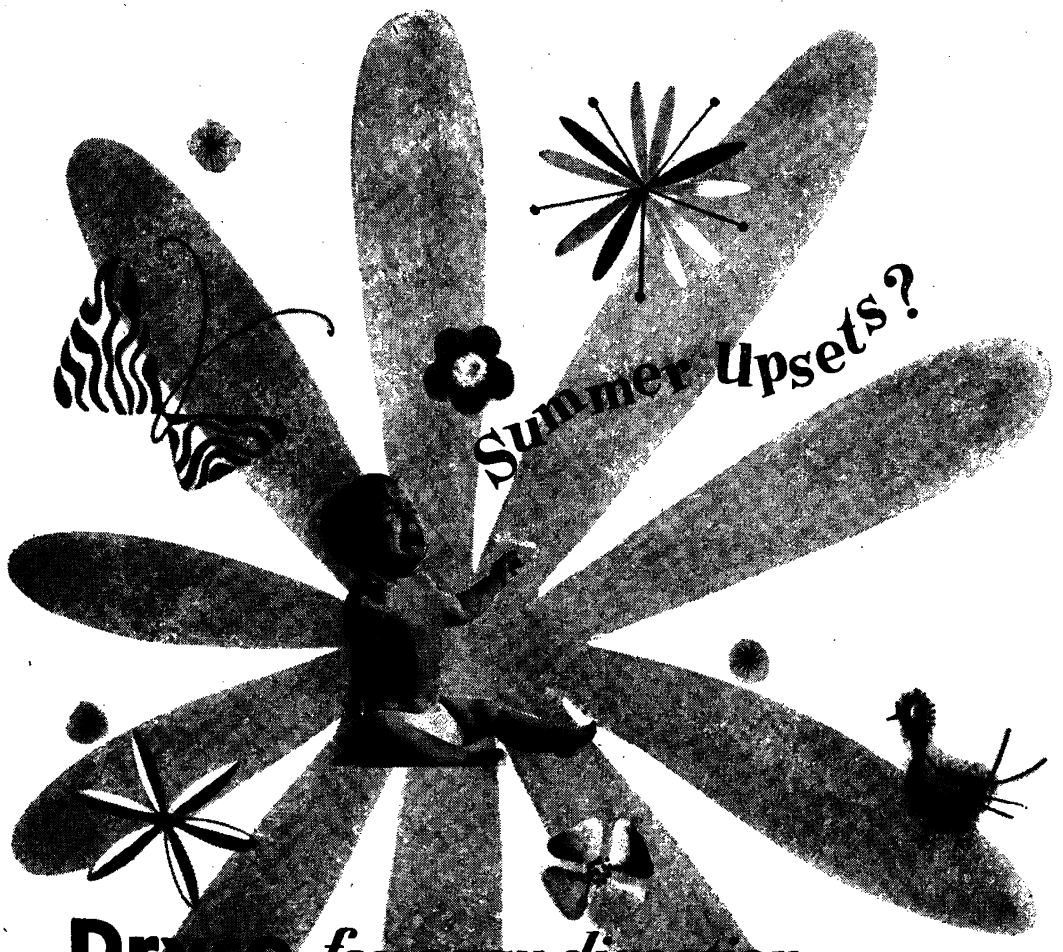


Dryco *for easy digestion*

[illegible] the hot summer season brings upset stomachs, fermentative diarrhea, impaired infant digestion . . . Dryco . . . for 30 years a most readily digested formula for premature . . . offers your tinier patients valuable help.* Check these advantages:—

LOW IN FAT — LOW IN CARBOHYDRATE
HIGH IN PROTEIN — ENRICHED WITH VITAMINS A AND D
FINE, FLOCCULENT CURD — THE HALF WHOLE, HALF SKIM-MILK MIXTURE

Only vitamin C need be added. Reconstitute Dryco in cold or warm water. Use in a wide range of formulas according to nutritional requirements. Additional data and samples will be mailed on request.

*Gordon, Harry H.: Feeding of Premature Infants, American Journal of Diseases of Children 73:713 (June) 1947.

Dryco®

Each tablespoonful supplies 31½ calories.
Frequently used for supplemental feedings.
Available at pharmacies in 1 and 2½ lb. cans.

Prescription Products Division, The **Borden** Company, *350 Madison Ave., New York 17*

WHAT IS DENCOTAR*?

DENCOTAR is a trademark designating products containing a specially processed crude coal tar recently developed in the laboratories of The Denver Chemical Mfg. Co., Inc. There is no other coal tar just like that contained in DENCOTAR Products.

The special processing of crude coal tar does three things:

1. Removes low molecular irritants.
2. Removes inert sludge.
3. Combines tar with a vegetable oil in which is produced ozonides (organic peroxides).

DENCOTAR OINTMENT Sulphurated... contains specially processed crude coal tar, precipitated sulphur, and menthol in non-greasy cosmetic base containing starch. The base permits absorption of the active ingredients well beyond that effected by ordinary bases and therefore minimum amounts of the processed crude coal tar are required to produce maximum therapeutic effects.

INDICATIONS... for all skin conditions requiring tar. DENCOTAR OINTMENT Sulphurated should be the treatment of choice in: Eczema—subacute or chronic. Nummular eczema, Psoriasis, Atopic dermatitis, Neuro-dermatitis, Seborrheic dermatitis (body and scalp), all chronic dermatoses, with or without itching.

FORMULA: Menthol, .125%, Precipitated Sulphur, 1%, Specially processed crude coal tar, 1.5%, Starch, 5%, Non-greasy, water miscible base, Qs.

DENCOTAR SHAMPOO... is a delightful new shampoo containing 1% of the specially processed crude coal tar in a pure castile soap base. DENCOTAR SHAMPOO has a stimulating effect on the scalp, and combined with massage, should be used regularly to maintain a healthy state of scalp and follicles.

SEBORRHEIC DERMATITIS OF THE SCALP... Dencotar Shampoo is indicated for use with DENCOTAR OINTMENT Sulphurated in the treatment of scalp conditions. It is particularly helpful in combatting seborrheic dermatitis, including dandruff.

DENCOTAR PRODUCTS contain a new and different type of crude coal tar. To the best of our knowledge no other products containing crude coal tar of this type have ever been offered to the medical profession.

SAMPLES AND LITERATURE ON REQUEST

These Products are Advertised Only to the Medical Profession

THE DENVER CHEMICAL MFG. CO., INC.

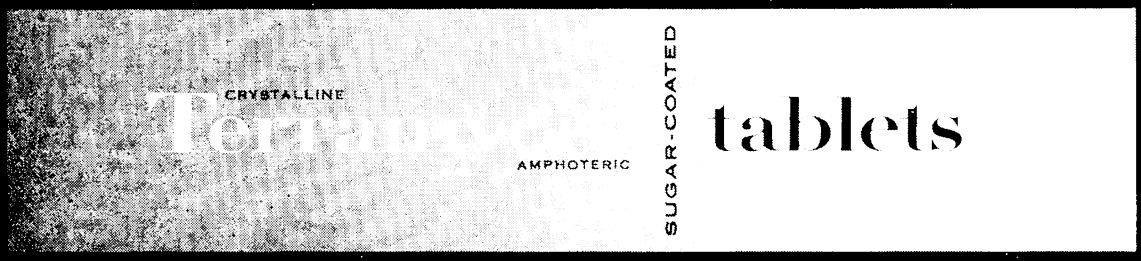
DC-6, 163 Varick Street, New York 13, N. Y.

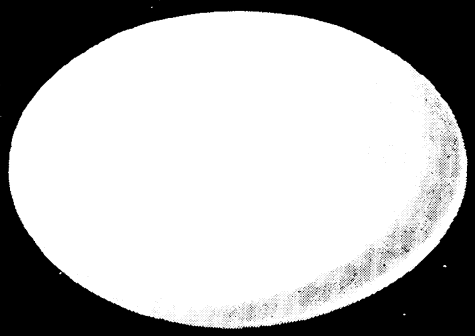
*®

new convenience in broad-spectrum therapy

Easily swallowed, sugar-coated Terramycin Tablets introduce new flexibility in prolonged courses of administration and are particularly suited to effective, well tolerated therapy among patients preferring tablets to other oral forms.

Supplied: 250 mg. tablets, bottles of 16 and 100; 100 mg. and 50 mg. tablets, bottles of 25 and 100





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Pfizer

ANTIBIOTIC DIVISION, CHAS. PFIZER & CO., INC., BROOKLYN 6, N.Y.

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Urokon® Sodium 30%

Low toxicity

UROKON® is one of the least toxic soluble radiopaque substances in use in radiological procedures today. The LD/50 in white mice of UROKON *(Sodium 3-acetylamino-2, 4, 6-triiodobenzoate)* is about 10,000 mg./kg.[1].

Few side reactions

UROKON produces few side reactions. Only 19% of 1081 patients observed at the University of Michigan reacted to UROKON, while 36% and 62% reacted to the older media[2]. Only 15% of 290 patients observed at Washington University reacted to UROKON; 22% reacted to another medium[3].

Low Vasomotor response

Comparatively low vasomotor response to UROKON was reported in a study comprising 2952 cases at Massachusetts General Hospital. Another medium produced *fifteen times* as many vasomotor responses as UROKON[4].

High opacity to X-rays

UROKON's high X-ray opacity results from its exceptionally high iodine content—65.8% (dry basis). This is appreciably higher than the iodine content of the older media, which contain from 39% to 52% iodine[5].

UROKON SODIUM 30% is supplied in 25 cc. ampuls and in 25 cc. rubber-diaphragm stoppered bottles in boxes of 1, 5, and 20.

1. Hazelton Laboratories, Falls Church, Va. Private communication.
2. Nesbit and Lapides. Univ. Michigan Med. Bull. 16, 37-42 (1950).
3. Richardson and Rose. J. Urol. 63, 1113-19 (1950).
4. Robbins, Colby, Sosman and Eyler, Radiology 56, 684-688 (1951).
5. Neuhaus, Christman and Lewis. J. Lab. Clin. Med. 35, 43-9 (1950).

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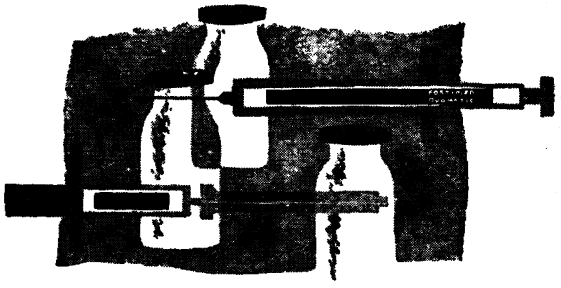

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